

TESTIMONY OF ALFRED F. DELLA VALLE
BEFORE THE APPROPRIATION COMMITTEE OF THE
GENERAL ASSEMBLY

Good Morning, my name is Alfred F. Della Valle. I am Vice President of American Medical Response of Connecticut and reside at 43 Oakwood Drive, North Haven, Connecticut. I have been employed by AMR and its predecessor company, New Haven Ambulance Service since 1976. I would like to thank the Appropriations Committee for the opportunity to submit this testimony today in order to voice my opposition against Sections 38, 39, and 40 of the Governors Bill # 32.

The proposed adoption of a stretcher chair car service for Medicaid patients is not in the best interest of patient care and is in direct conflict with the high levels of patient care currently provided by ambulance providers throughout the state of Connecticut.

Bill #32 states this would save the state approx. \$5.9 million dollars annually. Stretcher Chair Car services do not exist in the State of Connecticut. There are no ambulance or livery providers in Connecticut that offer this mode of transportation. In fact, the state of Connecticut has

passed legislation that any patient transported on a stretcher must be transported in a licensed or certified ambulance. No other types of services can provide stretcher transportation in the State of Connecticut. This was passed to protect patient care issues, eliminate any stretcher transportation by any service that is not licensed or certified as an ambulance provider, and to ensure transportation needs are based on medical necessity rather than financial incentives which are not in the best interest of the patient's health and well being. I am saddened to say the State has now proposed taking steps backwards, putting patients at risk and looking to repeal a measure that was instituted to protect the sanctity of patient care.

While stretcher chair car programs exist in some states, to certain degrees, it does not warrant providing lower modes of transportation services to Medicaid patients in Connecticut just because they are unable to pay for their right to receive adequate healthcare services.

Just imagine, discharging a stretcher patient in a van, with no medical equipment, no trained medical technician in the patient compartment and to my knowledge, a driver with no medical training to access or administer to the needs of the patient during transport. Then,

once arrived at home, how does this driver manage the stretcher to the home, up stairways or porches or get the patient into bed. The scenarios, too numerous to mention, scare me. To me it is physically impossible and certainly subjects the patient to a high degree of risk, and humiliation.

Providing non emergency medical transportation with no medical oversight or ability to intervene and administer aid? Who assumes this liability? The hospital discharging the patient? The transportation provider? I shudder to think of the consequences. Is such a service to be performed by a driver only, or does this include more than one person in the van. As stated, the rate for such a service would be 20% of the ambulance Medicaid rate.

Taking into consideration the cost, and the fact that Medicaid already reimburses providers well below cost, it does not make financial sense thus putting the system in jeopardy at the outset.

The American Ambulance Association does not support the usage of stretcher chair car stating, "Stretcher Chair Car service is not in the best interest of patients being transported as it puts patients at risk when not transported not staffed or equipped to meet their medical needs". The AAA believes that every patient who needs to be in a stretcher during transport must have a medically trained EMT to attend to his or her medical health

and safety needs. There is ambulance service and there is wheel chair transportation. Ambulances and wheel chairs are very different. It is a misguided public policy to blur the distinction between medical care provided by ambulance services and transportation for people in wheel chairs.

We are again not supportive of any measures that eliminate or reduce the provisions of health care services especially when they require ambulance and invalid coach transportation services. While the attempt to reduce the current state budget deficit is admirable, sacrificing patient care and putting these patients at risk is not.

In conclusion, the EMS system in Connecticut works. The delivery of care both on an emergency basis and non emergency basis is a result of years of planning, mutual cooperation, and commitment. The proposed radical change in the delivery of care is not in the best interest of the system as a whole as the financial impact has not been considered, and again certainly not in the best interest of patient care especially for those who currently receive Medicaid benefits.

I would urge reconsideration of Bill # 32 in reference to the EMS changes I have discussed above.